

# Proposal Form

## Hotel / Resort / Restaurant

### Combined Liability Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's.



#### IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal.

Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

#### Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

#### Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

#### Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

#### Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

#### Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

#### Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

#### Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Broker

Contact Name

Phone

Fax

Email

## Liability Cover Requirements

**Period of Cover required** from  to   
**Current Limit of Indemnity** \$   
**Expiring Premium** \$   
**Limit of Liability Required** A\$5,000,000  A\$10,000,000  A\$20,000,000  other    
**Optional Excess** A\$5,000  A\$10,000   
**Full Name of Insured(s)**   
**ABN**

Trading Name of Establishment (Hotel)	Address of Insured Establishment	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trading Name of Establishment (Bottleshop)	Address of Insured Establishment	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Interested Party (ies)**   
**Type of Interest.**(Eg L/ord, Financier, Local Council, etc)   
**Number of Years Trading at this venue**   
**Contact Person**   
**Telephone No**   
**Web Address (If available)**   
**Are you the Property Owner Only?** yes  no   
**Are you the Licensee Only?** yes  no   
**Are you the Property Owner & Licensee?** yes  no

## Operational Information

**What is the type of establishment to be insured?**
 Licensed Hotel  
 Licensed Hotel/ Motel  
 Resort  
 Licensed Restaurant  
 Other, please specify

**Hours of operation**  
 Mon, Tues, Wed from  to   
 Thurs, Fri, Sat, Sun from  to   
 Other from  to   
**Number of Staff** Full Time  Part Time

Do you use labour hire personnel? yes  no   
 If yes, please advise activities of labour hire personnel

Licensed Capacity of Venue (Number of Patrons)

Do you comply with all legislative requirements for a licensed premises? yes  no

## Operational Information

### Do you have

Happy Hour/Discounted Drinks	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
If yes, duration frequency	1-2 hr	<input type="checkbox"/>	2-3 hr	<input type="checkbox"/>	4+ hr	<input type="checkbox"/>		
	daily	<input type="checkbox"/>	weekly	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	monthly	<input type="checkbox"/>
							other	<input type="checkbox"/>
Formalised Hens/Bucks parties	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
Topless Wait Staff	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
Childminding Facilities	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
Auditorium	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
Gymnasium	yes	<input type="checkbox"/>	no	<input type="checkbox"/>				
Dance Floor	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Size (approx)	<input type="text"/>	sqm	
Dancing	never	<input type="checkbox"/>	1-2 week	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	monthly	<input type="checkbox"/>
							occasional	<input type="checkbox"/>
Live Entertainment	never	<input type="checkbox"/>	1-2 week	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	monthly	<input type="checkbox"/>
							occasional	<input type="checkbox"/>
Discos	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	How Often?	<input type="text"/>		
Nightclub	For definition see page 13, section 14.2, of the ASR Hotel/Motel/Backpacker/Resorts Liability Wording				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
A Cover Charge	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Please provide details	<input type="text"/>		

If you have any entertainment please provide full details eg. Rock bands / duo's / soloists / guest DJ's / themed nights or promotional drinking nights.

Please supply details of any outside activities including fundraising conducted by the Insured (e.g. organise/sponsor fetes, rodeos, carnivals etc.)

Do you have any playground or other activities available to patrons? If yes, conditions apply.	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Do you have a swimming pool, spa or sauna?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If Yes, do have the correct signage regarding supervision of all children?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Do you display signs on CPR and Basic Life Saving Techniques?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Is the security fence and gate compliant with all/ any applicable legislation?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

## TURNOVER/INCOME DETAILS Please provide your turnover for the following areas

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

	This Year	Last Year
Bar Sales	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from Hotel	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from offsite Bottle Shop	\$ <input type="text"/>	\$ <input type="text"/>
Food / Accommodation /All other	\$ <input type="text"/>	\$ <input type="text"/>
Nett Gaming	\$ <input type="text"/>	\$ <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/>	\$ <input type="text"/>

## Security

Do you utilise Door Control &/or Security Contractors?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	If YES, are they	contractors	<input type="checkbox"/>
						employees	<input type="checkbox"/>
If security staff are employees, do they have a current security license?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Have security employees completed accredited security training?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Do security contractors have their own Liability Insurance Cover?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Number of security contractors/employees	<input type="text"/>						
Do you have video surveillance of the car park?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Do you have video surveillance within the Hotel?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
If Yes, how long are surveillance films kept for?	<input type="text"/> days / weeks / months						

## Common Areas

Are the toilets cleaned regularly?

yes  no

How often? (Please Circle)

Every 1 / 2 / 3 / 4 hours Other

Do you fix doors, seats and soap dispensers when required?

yes  no

Have anti slip coatings been applied to non-carpet floor surfaces?

yes  no

If No, please advise details? eg. non-slip floor mats etc.

Are spill drinks and broken glass cleaned away immediately?

yes  no

Do you use signs warning patrons of slippery surfaces or wet areas?

yes  no

Do you repair cracked or broken tiles as soon as possible?

yes  no

Are torn or ripped carpets mended or replaced as soon as possible?

yes  no

Do you keep public walkways and emergency exits free of obstacles?

yes  no

Are bar stools fitted with anti slip measures? I.e. rubber feet

yes  no

Do you refrain from having extension cords across walkways?

yes  no

**Please describe your cleaning/spill check procedures and attach a copy of your documented procedures.**

## Accommodation

Age of premises  years

How many bedrooms do you have for letting out or rental?

Max Number of Persons per room?

Are evacuation procedures displayed in all accommodation rooms?

yes  no

Do you comply with Government Regulations

yes  no

Are smoke detectors fitted in all accommodation rooms?

yes  no

If yes, Are they?

Hard Wired  Battery Operated

Are the smoke detectors monitored

By a Central Monitoring Station  Locally

Other fire protection (Please provide details)

## Electrical

When was the last complete check of all wiring, both power and lighting undertaken in the premises?

Have all electrical appliances that plug into power points been checked by a licensed electrician and accordingly tagged in the last twelve (12) months?

yes  no

Have all power circuits in your supply from the switchboard been upgraded to have personal earth leakage circuit breakers and/or residential current devices coupled to safety switches?

yes  no

## Carpark & Surrounding Areas

How many car parking bays are there?

What type of surface does the car park have? (Bitumen, dirt, etc)

Does your car park have lighting?

yes  no

Is the lighting on all night?

yes  no

If there are speed-humps are they clearly visible?

n/a  yes  no

## Day to Day

Are cracked plates and glasses disposed of immediately?

yes  no

Do you check bar furniture for rough edges and take action to reduce sharp edges?

yes  no

Do you have a documented staff-training programme?

yes  no

Do you have a staff operational handbook?

yes  no

## Minimizing Claims Against You

- Do you have a formal incident report procedure in place for injuries sustained on the premises?      yes       no
- Will you adopt the ASR Underwriting Incident Reporting Document, and notify ASR Underwriting or your broker of all Incidents described in the Document within 24hours?      yes       no
- Do you agree to complete the Quarterly Premises Inspection Report Form on a monthly basis and keep on file within your premises?      yes       no

## HISTORY Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed.

- Have You ever had any food or health violations against You?      yes       no
- Have You or any persons connected with this insurance ever had a revoked licence?      yes       no
- Have Your or any partner or director:**
1. Been declared bankrupt or had legal proceeding lodged against You?      yes       no
  2. Had an Insurer that has declined to insure You?      yes       no
  3. Had an Insurer that has declined to renew Your insurance?      yes       no
  4. Had an Insurer that has imposed special conditions on Your insurance?      yes       no
  5. Have You within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?      yes       no
  6. After enquiry, are You or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against You or against any of the present or former directors during the last 10 years?      yes       no

*Please provide full details, if any answers to the above questions are Yes. With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.*

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## Risk Management

If You have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance You must IMPLEMENT and maintain the following: -

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in Your establishment
- c) Ambulance calls to your premises
- d) Police called to Your premises
- e) Patrons who have slipped and fallen on Your premises
- f) Patrons who have been injured on Your premises

This incident report log should be available for inspection if requested.

### DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:

I understand that the Duty of Disclosure applies to all Insured(s). The answers are provided on behalf of all persons/entities comprising the Insured(s).

I understand the questions in the proposal.

### AUTHORISED SIGNATORY

X

Dated

NAME OF SIGNATORY

Position

### CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts.

Within 1 month of inception:	25% of the quoted premium
Within 2 months of inception:	20% of the quoted premium
Within 3 months of inception:	15% of the quoted premium

Thereafter at terms to be agreed with underwriters.